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AFR/AA KALMQUIST, WWARREN, JBORNS, KNELSON, CTHOMPSON  
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REF: A) ADDIS 3644 B) ADDIS 3642 C) ADDIS 0053 D) ADDIS 0120  
SUBJECT: USG HUMANITARIAN ASSISTANCE TEAM FIELD VISIT #3: HEALTH AND  
NUTRITION UPDATE

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Summary  
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¶1. Between January 15 and 21, U.S. Government (USG) Humanitarian Assistance Team (HAT) in Ethiopia staff, traveled to Gode and Korahe zones in Somali Region as part of a third field visit to assess the current humanitarian situation, including health and nutrition conditions. USG HAT staff report that to date no large disease outbreaks have been reported in the region. However, USG HAT note that surveillance data is limited and an immediate concern for a potential outbreak of measles, particularly within the conflict-affected zones of Fik, Degehabur, Korahe, Gode, and Warder.

In response to laboratory-confirmed cases of measles in Warder and Gode zones, the U.N. Children's Fund (UNICEF) and the Government of the Federal Democratic Republic of Ethiopia (GFDRE) Ministry of Health (MOH) have initiated preparations for an early February regional measles campaign.

¶2. USG HAT staff did not observe indicators of widespread malnutrition in areas visited, but characterized current nutrition conditions as poor. USG HAT staff note that Somali Region experiences chronically high levels of acute malnutrition that are expected to further deteriorate as the January to March jilal season progresses and as a result of the cumulative impact of the poor

performance of the 2007 rains, disruptions in food assistance, and ongoing insecurity and commercial trade restrictions. USG HAT staff emphasize the need for standardized nutritional surveys in the region to identify vulnerable populations and inform appropriate response interventions. In addition, USG HAT report that access to health care remains limited despite reports of improved access to rural communities and GFDRE authorization of USAID Office of U.S. Foreign Disaster Assistance (USAID/OFDA)-funded UNICEF mobile health teams to operate within conflict-affected areas in recent weeks. End summary.

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MEASLES CONFIRMED - CAMPAIGN PREPARATIONS UNDERWAY  
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¶3. On January 11, UNICEF reported that four measles cases in Kelafo District, Gode Zone, and one measles case in Warder town, Warder Zone, had been laboratory-confirmed. To date, the total number of reported measles cases has been relatively low, but due to the low measles immunization coverage and concern about increasing levels of acute malnutrition, USG HAT staff identify a region-wide measles campaign as a high priority. USG HAT staff report low immunization coverage throughout Somali Region, including Gode and Korahe zones, where USG HAT staff note an absence of outreach services in Kebridehar District, Korahe Zone. The district health officer in Kelafo estimated measles coverage at 30 percent. In addition, there is an increased movement of people within the region related to ongoing insecurity which could facilitate the spread of measles and other communicable diseases.

¶4. On January 17, USG HAT staff visited two villages in Kelafo District, where UNICEF recently reported four confirmed cases of measles. USG HAT staff report that estimates on the number of suspected measles ranges from 15 to 50, and that local populations

report that no new cases have occurred since December.

¶5. On January 16, UNICEF reported that the Somali Regional Health Bureau had agreed to support a regional measles campaign with a targeted start date of February 4. The target age group will be children from 6 to 59 months of age, and the campaign will include vitamin A supplementation. Access to the population and community mobilization will likely be key factors in determining whether or not the proposed campaign is successful. According to district health officials in Gode, Kelafo, and Denan, a measles campaign is feasible due to improved security and the congregation of pastoralists near known water points during the current dry season. USG HAT staff also note the presence of a viable cold chain in Kebridehar and Shilambo districts to facilitate the implementation of a measles campaign, security and access permitting.

USG HAT staff will continue to monitor progress in campaign planning and implementation.

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DECLINE IN NUTRITIONAL LEVELS EXPECTED - SURVEYS NEEDED  
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¶6. According to district health officers and non-governmental organization (NGO) staff in areas visited in Gode and Korahe zones by USG HAT staff, the nutritional status of children is poor but has not reached a critical stage. In a January 15 meeting with USG HAT staff, the Gode Zone health official reported no evidence of serious malnutrition at this time, but expressed concern for the nutritional status of the elderly and pregnant and lactating women as the January to March jilal dry season progresses, due to limited food supplies and prioritization of children feeding practices within the household. Current conditions are exacerbated by the poor performance of the 2007 rains, lack of grazing land, disruptions in food assistance, and ongoing insecurity and commercial trade restrictions. USG HAT staff note the strong likelihood of a further and rapid deterioration in the health and nutritional status of children in the coming months in the absence of nutritional interventions and improved food aid delivery, particularly to rural areas.

¶7. USG HAT staff report limited outreach for nutrition screening

and feeding programs in areas visited. Although health facilities in Gode, Denan, and Kebridehar districts currently operate treatment programs for severely malnourished children, there is no systematic screening mechanism to identify malnourished children in the community. In Kelafo District, USAID/OFDA implementing partner Adventist Development and Relief Agency (ADRA) is implementing an emergency relief community therapeutic care (CTC) program. In December, ADRA admitted 160 children to the CTC and an additional 87 children between January 1 and 14. ADRA notes that the figures represent an increase compared to previous months, but attributes the increase to increased coverage, as opposed to an increase in malnutrition levels. USG HAT staff recommend the replication of NGO-operated programs like ADRA's within conflict-affected areas of Somali Region that are capable of screening and providing treatment for a large number of children and pregnant and lactating women.

¶8. The absence of nutritional data for Somali Region continues to hinder efforts to identify populations at risk and inform appropriate response actions. Gode Zone health officials report an absence of recent nutritional assessments and data for Gode Zone. Currently, information provided through nutritional screenings conducted by USAID/OFDA-funded UNICEF mobile health, nutrition, water, sanitation, and hygiene teams represent the only source of nutrition information in Gode Zone. USG HAT staff emphasize that mobile health team data is limited and cannot take the place of standardized nutritional surveys. USG HAT staff recommend close monitoring of the nutritional situation in order to facilitate the timely implementation of emergency nutrition interventions if required, including targeted supplemental feeding programs. In addition, USG HAT recommend USG advocacy with the GFDRE Disaster Prevention and Preparedness Agency (DPPA) Emergency Nutrition Coordination Unit to permit and support standardized nutrition surveys in Somali Region, particularly within the conflict-affected areas to identify vulnerable populations and inform relief programming.

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HEALTH CARE ACCESS REMAINS LIMITED  
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¶9. USG HAT staff report that despite reports of improved humanitarian access in Somali Region in recent weeks, health care access remains severely limited, due to a lack of capacity, staffing, and medical supplies. According to NGO and UNICEF staff operating in Gode and Korahe zones, access and movement to rural communities have improved in recent weeks. Medicine du Monde (MDM) reported no restrictions in accessing MDM health posts in Korahe Zone. In addition, local NGO Ogaden Welfare and Development Association (OWDA) noted improved access to rural areas of Denan District, Gode Zone, although OWDA has not yet restarted outreach activities.

¶10. However, overall access to health care remains low, especially in remote and conflict-affected areas. USG HAT staff report that many health posts have not received medicines and are either minimally functional or not functional, regardless of staffing presence. However, efforts to address health post staffing deficits are beginning to be addressed through the deployment of newly trained pastoral health extension workers to a limited number of health facilities in the region. USG HAT staff also received reports of continued Ethiopian National Defense Force (ENDF)-occupation of health posts, including Gabogabo, Nustariq and Karanbilicinle health facilities in Korahe Zone, according to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA).

¶11. In a January 15 meeting with USG HAT staff, the Gode Zone health official noted his appreciation for UASID/OFDA-funded mobile health teams operating in Gode Zone, including health team reporting on rural health conditions. Five mobile health teams have been active in non-conflict-affected areas of Gode Zone since late November 2007. In January, the Office of the Somali Regional President approved an additional nine mobile teams to operate within conflict-affected areas of Gode and Korahe zones. During the week of January 14, four of the nine mobile health teams initiated operations in Denan, Kebridehar, Shilambo and Debowyne districts.

However, three of the four teams had not yet received medicines from the Regional Health Bureau and were borrowing supplies from the

district health office. USG HAT staff note that mobile health teams are providing critical basic services to remote areas, but emphasize the need for improved monitoring and coordination to maximize effectiveness and prevent duplication in area coverage. In Kebridehar District, for example, mobile health teams were scheduled to work in some of the same areas currently being supported by MDM. In addition, the current number of mobile teams is inadequate to address coverage needs in the region.

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Conclusion  
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¶13. USG HAT staff characterize current health access and nutrition conditions in areas of Gode and Korahe zones visited as poor. USG HAT staff caution that conditions are expected to further deteriorate as the January to March jilal season progresses. In response, USG HAT staff emphasize the need for standardized nutritional surveys in the region to identify vulnerable populations and inform appropriate response interventions, including targeted supplemental feeding programs. USG HAT staff also recommend the expansion and improved monitoring and coordination of mobile health teams operating in Somali Region to address severe limitations on health care access, particularly within conflict-affected areas. In addition, USG HAT staff will continue to monitor progress and support the implementation and planning of a regional measles campaign.

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